

NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
P.O. BOX 6216  
501 W. Felix, Bldg 1, Dock 1  
FORT WORTH, TEXAS 76115

TELEPHONE: 817-334-5515  
FAX: 817-334-5630

**REQUEST FORM for BANKRUPTCY CASES RETURNED by MAIL or FAX (Circle One)**

Please follow the steps below to obtain photocopies of your desired BANKRUPTCY request. Payment by check, money order or major credit card.

**STEP 1 CASE INFORMATION** - For each case obtain the following information (for the boxes below) **FROM THE BANKRUPTCY COURT** where the case was closed. Your request CANNOT be serviced without the correct information in each of these blocks.

**Please use one form per case. Orders will NOT be taken by phone.**

|                             |                           |                  |
|-----------------------------|---------------------------|------------------|
| CITY WHERE COURT IS LOCATED | FRC ACCESSION NO.<br>021- | FRC LOCATION NO. |
| CASE FILE NAME(S)           | CASE FILE NO.             | AGENCY BOX NO.   |

**STEP 2 REQUEST INFORMATION** Indicate what you want (please check one)

**A. PACKAGE** - Pre-Selected documents (**NO SUBSTITUTIONS**)

Order of discharge, Order of Dismissal, or Final decree

Voluntary Petition

Summary of schedules

Creditors holding unsecured nonpriority claims (schedules A1,A2 and A3 **OR** schedules D,E and F)

☐ A1 - **MAIL/FAX** \$10.00      ☐ A2 - **Mail W/ CERTIFICATION** \$20.00

\*\*\* ☐ **SEND FED EX** \$4.00      **OR** use my **FED EX** # \_\_\_\_\_

**B. ENTIRE** - All documents of case. (Page limit:70) **You will be notified if it exceeds.**\*\*\*\*\*

☐ B1 - **MAIL** \$35.00      ☐ B2 - **MAIL W/ CERTIFICATION** \$45.00

\*\*\*\*\* ☐ **SEND FED EX** \$4.00      **OR** use my **FED EX** # \_\_\_\_\_

**[NO SELECTED DOCKETS]**

**STEP 3 RETURN INFORMATION**

Information needed to process and return your request. (Please Print)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ **[NO P.O. BOX #'S FOR FED EX]**

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME TELEPHONE NUMBER ( ) \_\_\_\_\_

FAX NUMBER ( ) \_\_\_\_\_ **We will not fax over 50 pages (we will mail)**

**PAYMENT:**

Check or money order payable to: **NATIONAL ARCHIVES TRUST FUND.** (if you are requesting more than one case please provide a separate check for each request in case one of your request is unserviceable)

Credit card payment must be by MASTERCARD, VISA, AMERICAN EXPRESS OR DISCOVER.

**ACCOUNT#** \_\_\_\_\_ **EXP. DATE** \_\_\_\_\_

**PLEASE DO NOT SEND CASH!**

**STEP 4 SUBMIT REQUEST - TO THE ABOVE ADDRESS OR FAX NUMBER.**

2000

rev. January